

Electronic Funds Transfer Authorization

This form **must** be completed and signed by the person authorizing the Electronic Funds Transfer from their account.

Wisconsin Department of Revenue
2135 Rimrock Rd
PO Box 8901
Madison WI 53708-8901
Phone: (608) 266-7879
Fax: (608) 261-8978
delnqtax@dor.state.wi.us

| | | | |
|-------------------------------|--------------------------|-------|----------|
| Taxpayer Name(s) | | | |
| Address | City | State | Zip Code |
| Social Security Number or EIN | Phone Number () | | |

I authorize and direct the State of Wisconsin, Department of Revenue to initiate withdrawal from the account described as follows:

Name of Financial Institution _____

Account Name _____

Account Number _____ (check one) → ☐ Checking ☐ Savings

Routing Transit Number ____

Your account number and 9-digit routing transit number are on the bottom edge of your check, or call your financial institution for assistance.

Amount to be withdrawn \$ _____

The day the Electronic Funds Transfers are to be made (check one) → ☐ 5th ☐ 15th ☐ 25th of each month.

**** Attach a voided check or other account verification to this form ****

The payment amount, specified in the Installment Agreement between the taxpayer (identified above) and the Department of Revenue, will be the authorized amount of the monthly Electronic Funds Transfer. The date that the monthly Electronic Funds Transfers are to be made on is indicated above. If this date falls on a day which is not available for transfer, the authorized day of transfer will be the next available day. This authorization will remain in effect until cancellation by me, in writing to the Department of Revenue, or until the amount due, as specified in the Installment Agreement, is fully paid. It may take up to two weeks to process my request to cancel my authorization.

If a withdrawal cannot be completed because funds are unavailable in my account, I will be subject to any overdraft fees that the Department of Revenue or my financial institution may charge.

AUTHORIZED BY:

Authorized Signer Name (please print)

Authorized Signer Name (please print)

Signature

Signature

Date

Date